Carver, Beverley (DEQ)

From: Carver, Beverley (DEQ)
Sent: Friday, August 15, 2014 1:26 PM
To: Troy Eppard (eppardta@ci.waynesboro.va.us)
Subject: Waynesboro WWTP Application - VA0025151

August 15, 2014

Mr. Troy Eppard
Chief Operator
City of Waynesboro
941 Fir Street
Waynesboro, Virginia 22980

Re: Waynesboro WWTP, VPDES Permit No. VA0025151, Augusta County

Dear Mr. Eppard:

Your application has been reviewed and appears to be complete. The next steps involve assembling the information necessary to develop the permit limitations and then drafting the permit. Once the draft permit is prepared and the appropriate reviews are performed, I will transmit the draft permit and supporting documentation to you for review. I expect to have this draft permit package to you within the next 2 months.

The Department of Environmental Quality strives to complete the permitting process in a timely manner. If you have any questions about our procedures or the status of your draft permit, please do not hesitate to contact us.

Sincerely,

Bev Carver
Water Permit Writer Senior

Beverley W. Carver
Water Permit Writer Senior
Department of Environmental Quality
Valley Regional Office
4411 Early Road, Harrisonburg, VA
Phone: (540) 574-7805 FAX: (540)574-7878
email: Beverley.Carver@deq.virginia.gov
web: www.deq.virginia.gov
Mail: P.O. Box 3000, Harrisonburg, VA 22801

MEMORANDUM

DEPARTMENT OF ENVIRONMENTAL QUALITY

VALLEY REGIONAL OFFICE

4411 Early Road - P.O. Box 3000 Harrisonburg, VA 22801

SUBJECT: Application Errata for VPDES Permit No. VA0025151,Waynesboro WWTP, Augusta County

TO: Permit Processing File

FROM: Bev Carver Bev Carver

DATE: July 30, 2014

The following deficiencies were noted in the subject permit reissuance application:

Form 2A:

1. The facility name should be Waynesboro WWTP rather than Waynesboro STP per permittee request.
2. Part A.6.b. – Average and maximum flows are contained in the DEQ files.
2. Part A.9. – The latitude and longitude for Outfall 002 was not specified. This information is in DEQ files.
3. Part A.12. – The information contained in Part A.12. is submitted with the monthly DMRs so is already contained in DEQ files.
4. Part B.6. – DO, TKN, Nitrate plus nitrite and TP data are available in the DEQ files. The facility utilized UV disinfection so sampling for TRC is not applicable. Oil and Grease and Total Dissolved Solids are not parameters of concern at this facility. No monitoring for Ammonia-N is required by the current permit and Ammonia-N monitoring was not provided on the application. Because TKN and TN data are tested monthly under the Nutrient General Permit, testing was not required for Ammonia-N.

Application Addendum:
No deficiencies found.

Sewage Sludge Permit Application:
The facility name should be Waynesboro WWTP rather than Waynesboro STP per permittee request.

Annual Permit Maintenance Fee Form and Public Notice Billing Information Form:
No deficiencies found.

Storm Water No Exposure Certification Form:
This form was not included in the application package. The NEC form will be submitted and added to the application.

The deficiencies noted are insignificant and will not affect the preparation of a legally and technically defensible draft permit.

Reviewer Concurrence: DMJ 7.31.14

CITY OF WAYNESBORO, VIRGINIA
Department of Public Works
Wastewater Treatment Plant
930 Essex Ave.
WAYNESBORO, VIRGINIA 22980
TELEPHONE: (540) 949-8505 FAX: (540) 942-6723

July 25, 2014

DEQ VALLEY
JUL 29 2014
To:
Date:

Beverley Carver
Water Permit Writer Senior
Department of Environmental Quality
Valley Regional Office
4411 Early Road
Harrisonburg, VA 22801

Re: VPDES Permit VA0025151 Reissuance Application

Mrs. Carver,

Please find enclosed our application for reissuance of permit number VA0025151. The Plant is currently listed as "Waynesboro STP" and would like the name changed to "Waynesboro WWTP".

Effluent scans were completed and the results have been previously submitted to DEQ.

If I can be of any further assistance, please contact me @ (540)241-2379.

Sincerely,

Troy Eppard
Chief Operator

VIRGINIA DEQ NO EXPOSURE CERTIFICATION
FOR EXCLUSION FROM VPDES INDUSTRIAL ACTIVITY STORMWATER PERMITTING

Submission of this **No Exposure Certification** constitutes notice that the entity identified below does not require permit authorization for its stormwater discharges associated with industrial activity under the VPDES Permit Program due to the existence of a condition of **No Exposure**.

A condition of **No Exposure** exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in stormwater discharges (e.g., rock salt).

A No Exposure Certification must be provided for each facility qualifying for the No Exposure exclusion. In addition, the exclusion from VPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the No Exposure exclusion.

By signing and submitting this No Exposure Certification form, the entity below is certifying that a condition of No Exposure exists at its facility or site, and is obligated to comply with the terms and conditions at 9VAC25-31-120 E (the VPDES Permit Regulation).

Please Type or Print All Information. ALL INFORMATION ON THIS FORM MUST BE PROVIDED.

1. **Facility Operator Information**

   Name: Waynesboro STP

   Mailing Address: 941 Fir Street

   City: Waynesboro State: VA Zip: 22980 Phone: (540)949-8505

2. **Facility/Site Location Information**

   Facility Name: Waynesboro STP

   Address: 930 Essex Avenue

   City: Waynesboro State: VA Zip: 22980

   County Name: Augusta

   Latitude: 38 4' 54" N Longitude: 78 52' 28" W

DEQ VALLEY
AUG 0 6 2014 BWC
To: DBC
Date:

3. **Was the facility or site previously covered under a VPDES stormwater permit?** Yes ☐ No ☑

   If "Yes", enter the VPDES permit number: _____

4. **SIC/Activity Codes:** Primary: 4952 Secondary (if applicable): _____

5. **Total size of facility/site associated with industrial activity:** 11 acres

6. **Have you paved or roofed over a formerly exposed pervious area in order to qualify for the No Exposure exclusion?** Yes ☐ No ☑

   If "Yes", please indicate approximately how much area was paved or roofed. Completing this question does not disqualify you for the No Exposure exclusion. However, DEQ may use this information in considering whether stormwater discharges from your site are likely to have an adverse impact on water quality, in which case you could be required to obtain permit coverage.

   Less than one acre ☐ One to five acres ☐ More than five acres ☐

7. **Exposure Checklist**

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? (Please check either "Yes" or "No" in the appropriate box.) **If you answer "Yes" to any of these questions (1) through (11), you are NOT eligible for the No Exposure exclusion.**

	Yes	No
(1) Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to stormwater	☐	☑
(2) Materials or residuals on the ground or in stormwater inlets from spill/leaks	☐	☑
(3) Materials or products from past industrial activity	☐	☑
(4) Material handling equipment (except adequately maintained vehicles)	☐	☑
(5) Materials or products during loading/unloading or transporting activities	☐	☑
(6) Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to stormwater does not result in the discharge of pollutants)	☐	☑
(7) Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers	☐	☑
(8) Materials or products handled/stored on roads or railways owned or maintained by the discharger	☐	☑
(9) Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])	☐	☑
(10) Application or disposal of process wastewater (unless otherwise permitted)	☐	☑
(11) Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the stormwater outflow	☐	☑

8. **Certification Statement**

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of no exposure and obtaining an exclusion from VPDES stormwater permitting; and that there are no discharges of stormwater contaminated by exposure to industrial activities or materials from the industrial facility identified in this document (except as allowed under 9VAC25-31-120 E 2).

I understand that I am obligated to submit a No Exposure Certification form once every five years to the Department of Environmental Quality and, if requested, to the operator of the local MS4 into which this facility discharges (where applicable). I understand that I must allow the Department, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under a VPDES permit prior to any point source discharge of stormwater associated with industrial activity from the facility.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: Brian K. McReynolds, P.E.

Print Title: Director of Public Works

Email Address: mcreynoldsbk@ci.waynesboro.va.us

Signature: [signature] Date: 7/31/2014

DEQ VALLEY
AUG 06 2014
To:
Date:

For Department of Environmental Quality Use Only

Accepted/Not Accepted by: _____ Date: _____

VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee

Facility Name: Waynesboro STP

Permit Number: VA0025151

Owner Name: City of Waynesboro

Owner Address: 941 Fir Street

Waynesboro, Virginia 22980

Billing Contact Name: Ross Morland

Title: Environmental Management Asst. Superintendent

Phone Number: (540) 942-6624

E-Mail Address: morlandrc@ci.waynesboro.va.us

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in ***The News Virginian*** in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed:	Department of Public Works
Owner:	City of Waynesboro
Agent/Department Address:	941 Fir Street
	Waynesboro, Virginia 22980
Agent's Telephone No.:	(540) 942-6624
Printed Name:	Brian K. McReynolds, P.E.
Authorizing Agent – Signature:	
Date:	7/28/14

VPDES Permit No. VA0025151
Waynesboro STP

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued**: City of Waynesboro
   Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes
   Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.

3. **What is the tax map parcel number for the land where this facility is located?** 590-408

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0

5. ALL FACILITIES: **What is the design average flow of this facility?** 6.0 MGD
   Industrial facilities: **What is the maximum 30-day avg. production level (include units)?** NA

   In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? N

   If "Yes", please specify the other flow tiers (in MGD) or production levels: _____
   Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

6. **Nature of operations generating wastewater:**
   municipal sewage treatment plant

   66.5% of flow from domestic connections/sources
   Number of private residences to be served by the wastewater treatment facilities: __ 0 __ 1-49 X 50 or more

   33.5% of flow from non-domestic connections/sources

7. **Mode of discharge**: X Continuous __Intermittent __Seasonal
   Describe frequency and duration of intermittent or seasonal discharges:
   _____

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**
   - ☒ Permanent stream, never dry
   - ☐ Intermittent stream, usually flowing, sometimes dry
   - ☐ Ephemeral stream, wet-weather flow, often dry
   - ☐ Effluent-dependent stream, usually or always dry
   - ☐ Lake or pond at or below the discharge point
   - ☐ Other: _____

9. **Consent to receive electronic mail**
   The Department of Environmental Quality (DEQ) may deliver permits, certifications and plan approvals to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

   ☒ Applicant or permittee agrees to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.
   Please provide email: eppardta@ci.waynesboro.va.us

   ☐ Applicant or permittee declines to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.
Part 1 is general information to be provided by all facilities.
Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.
Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 – Sludge Disposal Management (To be completed by all facilities)

Facility Name: Waynesboro STP **VPDES Permit No:** VA0025151

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending? ☐ Yes ☒ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name _____

b. Receiving Facility VPDES Permit No. _____

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge _____

DEQ VALLEY
JUL 29 2014
To: _____
Date: _____

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill? ☒ Yes ☐ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name Augusta Regional Landfill

b. Landfill Permit No. 585

c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator? ☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? ☐ Yes ☐ No

If yes, provide the Air Registration No. _____

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name _____

c. Air Registration No. _____

d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2. ☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk? ☐ Yes ☐ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the VDACS certification number? _____ ☐ Yes ☐ No

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2. ☒ *Yes* ☐ *No*

Are Class B biosolids from your facility land applied land applied under the authorization of this VPDES Permit? If yes, complete Part 3. ☐ *Yes* ☒ *No*

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit? ☒ Yes ☐ No

Biosolids are land applied under the authorization of a ☒ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name: Houffs Feed & Fertilizer

b. Permit No.: VPA01566

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.F.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☒ Yes ☐ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9 VAC25-31-710.A.3. through A.8 or Class B pathogen requirements in 9VAC25-31-710.B.1. through B.4.? ☒ Yes ☐ No

   Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. **PSRP-Option 3 – Anaerobic Digestion**
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720.B.1. through 10? ☒ Yes ☐ No

   Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. **Option 1-38%Volatile Solids Reduction**
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540.B? ☒ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S. U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as $CaCO_3$ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☒ Yes ☐ No

   If no, provide the data with this application. **On DEQ Approved source list 12.2.2013.**

Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100.P.9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No

   If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No

   If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
   a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
   b. A description of the transport vehicles to be used.
   c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
   d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
   e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
   f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title Brian K. McReynolds, P.E., Public Works Director

Signature 

Telephone number / Email (540) 942-6624 /mcreynoldsbk@ci.waynesboro.va.us

Date signed 7/28/14

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)

DEQ VALLEY

JUL 29 2014

To:

Date:

VIRGINIA POLLUTION ABATEMENT APPLICATION

FORM D

MUNICIPAL EFFLUENT AND BIOSOLIDS

PART D-V NON-HAZARDOUS WASTE DECLARATION

For waste to be land applied, the owner, as defined by 9 VAC 25-32, must sign the following statement.

I certify that the waste described in this application is non-hazardous and not regulated under the Resource Conservation and Recovery Act or the Virginia Hazardous Waste Management Regulation (9 VAC 20-60).

_____ Date: 7/28/14
(Signature of Owner)

Brian K McIlwee PE
(Printed Name of Owner)

Director of PW
(Title)

Waynesboro STP
(Facility Name)

VA0025151
(Permit Number)

DEQ VALLEY

JUL 29 2014

To: _____

Date: _____

AUGUSTA COUNTY SERVICE AUTHORITY

18 GOVERNMENT CENTER LANE, P.O. BOX 859, VERONA, VIRGINIA 24482-0859 PHONE: 540-245-5670 FAX: 540-245-5684

July 14, 2014

Mr. Ross C. Morland, P.E.
Environmental Management Assistant Superintendent
Treatment Plants Coordinator
City of Waynesboro
Public Works Division
941 Fir Street
Waynesboro, VA 22980

DEQ VALLEY
JUL 29 2014
To:
Date:

Subject: Acceptance of City of Waynesboro Biosolids at the Augusta Regional Landfill

Dear Mr. Morland:

The Augusta Regional Landfill will accept biosolids from the City of Waynesboro WWTP as long as the waste meets the Solid Waste Management Regulation 9VAC-20-80 and our Solid Waste Facility Permit Number 585.

Our permit requires that biosolids contain no free liquids (must be able to pass a paint filter test) and have been stabilized. A maximum ratio of one (1) ton of biosolids per five (5) tons of solid waste per day will be accepted. The landfill currently has a daily average of 400 tons.

If you have any questions concerning this matter, please call me at (540) 337-2857.

Sincerely,

Greg Thomasson, P.E.
Director of Solid Waste Management

Carver, Beverley (DEQ)

From: Eppard, Troy A. [EppardTA@ci.waynesboro.va.us]
Sent: Friday, August 15, 2014 10:57 AM
To: Carver, Beverley (DEQ)
Subject: RE: No exposure form for Waynesboro STP
Attachments: Houff's Cover Letter.PDF; Notice and Necessary Information.PDF

Bev,

Attached are the unsigned copies of the cover letter and Notice and Necessary information that were submitted to Houff's.

Thanks, Troy

From: Carver, Beverley (DEQ) [mailto:Beverley.Carver@deq.virginia.gov]
Sent: Thursday, August 14, 2014 8:54 AM
To: Eppard, Troy A.
Subject: FW: No exposure form for Waynesboro STP

Troy,

I located your NEC form. Sorry about that. I still have not seen your notice and necessary information letter to Houffs.

bev

From: Critzer, Olive (DEQ)
Sent: Thursday, August 14, 2014 6:46 AM
To: Carver, Beverley (DEQ); Paul, Lois (DEQ)
Subject: RE: No exposure form for Waynesboro STP

Olive B. Critzer
Water Permit Writer
Dept. of Environmental Quality
PO Box 3000
4411 Early Road
Harrisonburg, VA 22801
(540)574-7877 (540)574-7878 (fax)
Website: www.deq.virginia.gov

From: Carver, Beverley (DEQ)
Sent: Wednesday, August 13, 2014 6:20 PM
To: Paul, Lois (DEQ); Critzer, Olive (DEQ)
Subject: No exposure form for Waynesboro STP

Have either of you all seen this? Troy said it was sent twice and I still have not seen it.

Beverley W. Carver
Water Permit Writer Senior
Department of Environmental Quality
Valley Regional Office
4411 Early Road, Harrisonburg, VA

Phone: (540) 574-7805 FAX: (540)574-7878
email: Beverley.Carver@deq.virginia.gov
web: www.deq.virginia.gov
Mail: P.O. Box 3000, Harrisonburg, VA 22801

CITY OF WAYNESBORO, VIRGINIA
Department of Public Works
Wastewater Treatment Plant
930 Essex Ave.
WAYNESBORO, VIRGINIA 22980
TELEPHONE: (540) 949-8505 FAX: (540) 942-6723

August 8, 2014

Tim Grove
Houff's Feed & Fertilizer Co, Inc.
97 Railside Drive
Weyers Cave, VA 24486

Re: Notice and Necessary Information, Waynesboro STP, VPDES Permit No. VA0025151

Mr. Grove,

To be in compliance with the VPDES Permit Regulation (9 VAC 25-31-530.F) I am required to notify you that in the applying of our biosolids you must comply with the VPA Permit Regulation Part IX, Article 2 – Operational and Monitoring Requirements. Please see the attached notice and necessary information.

Should you have any questions on this matter, please contact the Waynesboro WWTP at (540)949-8505.

Sincerely,

Troy Eppard
Chief Operator

NOTICE AND NECESSARY INFORMATION

Waynesboro STP

Parameter	Concentration (mg/kg) Dry Weight	Pollutant Concentrations (Table 3, 9 VAC 25-31-540) (Monthly Average)	Ceiling Concentrations (Table 1, 9 VAC 25-31-540) (Daily Maximum)
Arsenic	**3.33**	41 mg/kg	75 mg/kg
Cadmium	**1.21**	39 mg/kg	85 mg/kg
Copper	**428**	1500 mg/kg	4300 mg/kg
Lead	**19.0**	300 mg/kg	840 mg/kg
Mercury	**.47**	17 mg/kg	57 mg/kg
Molybdenum	**5.33**	-	75 mg/kg
Nickel	**21.4**	420 mg/kg	420 mg/kg
Selenium	**7.68**	100 mg/kg	100 mg/kg
Zinc	**699**	2800 mg/kg	7500 mg/kg

* Sludge may not be land applied if any pollutant exceeds these values.

Pathogen Reduction (9 VAC 25-31-710) __ Class A X Class B

Vector Attraction Reduction (9 VAC 25-31-720)

X Option 1 __ Option 2 __ Option 3 __ Option 4
__ Option 5 __ Option 6 __ Option 7 __ Option 8
__ No vector attraction reduction options were performed

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: Brian K. McReynolds, P.E

Title: Director of Public Works

Signature: _____

Date Signed: 8/8/14

FACILITY NAME AND PERMIT NUMBER:
Waynesboro STP VA0025151

Form Approved 1/14/99
OMB Number 2040-0086

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: Waynesboro STP

Mailing Address: 941 Fir Street
Waynesboro, Virginia 22980

Contact person: Brian K. McReynolds, P.E.

Title: Director of Public Works

Telephone number: (540) 942-6624

Facility Address (not P.O. Box): 930 Essex Avenue
Waynesboro, Virginia 22980

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: same as above

Mailing Address:

Contact person:

Title:

Telephone number:

Is the applicant the owner or operator (or both) of the treatment works?

✓ owner ____ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

____ facility ✓ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0025151, VAN10098 PSD ____

UIC ____ Other ____

RCRA ____ Other ____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
City of Waynesboro	21,000	Separate	Municipal
Augusta County	1,000	Separate	Municipal
Total population served	22,000		

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 6.0 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	submitted	submitted	submitted	mgd
c. Maximum daily flow rate	submitted	submitted	submitted	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	100 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent wet weather flow

iii. Combined sewer overflow points _____

iv. Constructed emergency overflows (prior to the headworks) _____

v. Other _____ _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name:

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. NA mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? ____ Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method _____ continuous or _____. intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 002

b. Location Waynesboro (City or town, if applicable) 22980 (Zip Code)
Augusta (County) Virginia (State)
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Average daily flow rate 2.45 mgd

f. Does this outfall have either an intermittent or a periodic discharge? _____ Yes ✓ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? _____ Yes ✓ No

A.10. Description of Receiving Waters.

a. Name of receiving water South River

b. Name of watershed (if known) Potomac

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

✓ Primary ✓ Secondary

✓ Advanced _____ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	>85	%
Design SS removal	>85	%
Design P removal	96	%
Design N removal	92	%
Other _____	_____	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

UV Disinfection

If disinfection is by chlorination, is dechlorination used for this outfall? _____ Yes _____ No

d. Does the treatment plant have post aeration? _____ Yes ✓ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 002

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	submitted	s.u.			
pH (Maximum)	submitted	s.u.			
Flow Rate	submitted				
Temperature (Winter)	submitted				
Temperature (Summer)	submitted				

* For pH please report a minimum and a maximum daily value.

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5							
DEMAND (Report one)	CBOD-5	submitted						
FECAL COLIFORM		submitted						
TOTAL SUSPENDED SOLIDS (TSS)		submitted						

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

1,750,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

The City is currently under a DEQ mandated consent order to address I&I in the collection system.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ✓No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 002

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN	submitted						
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

✓ Part D (Expanded Effluent Testing Data)

✓ Part E (Toxicity Testing: Biomonitoring Data)

✓ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Brian K. McReynolds, P.E.

Signature: 

Telephone number: (540) 942-6624

Date signed: 7/28/14

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 002 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	0.2	ug/L							3		
ARSENIC	<5	ug/L							3		
BERYLLIUM	<1	ug/L							3		
CADMIUM	<1	ug/L							3		
CHROMIUM	<10	ug/L							3		
COPPER	1.5	ug/L							3		
LEAD	0.4	ug/L							3		
MERCURY	<1	ug/L							3		
NICKEL	4.0	ug/L							3		
SELENIUM	<5	ug/L							3		
SILVER	<5	ug/L							3		
THALLIUM	<1	ug/L							3		
ZINC	56.9	ug/L							3		
CYANIDE	<5	ug/L							3		
TOTAL PHENOLIC COMPOUNDS	<10.3	ug/L							3		
HARDNESS (AS $CaCO_3$)	132	mg/L							3		
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:
Waynesboro STP VA0025151

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 002 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	<50	ug/L							3		
ACRYLONITRILE	<50	ug/L							3		
BENZENE	<5	ug/L							3		
BROMOFORM	<5	ug/L							3		
CARBON TETRACHLORIDE	<5	ug/L							3		
CLOROBENZENE	<5	ug/L							3		
CHLORODIBROMO-METHANE	<5	ug/L							3		
CHLOROETHANE	<1	ug/L							3		
2-CHLORO-ETHYLVINYL ETHER	<5	ug/L							3		
CHLOROFORM	<5	ug/L							3		
DICHLOROBROMO-METHANE	<5	ug/L							3		
1,1-DICHLOROETHANE	<1	ug/L							3		
1,2-DICHLOROETHANE	<5	ug/L							3		
TRANS-1,2-DICHLORO-ETHYLENE	<5	ug/L							3		
1,1-DICHLOROETHYLENE	<5	ug/L							3		
1,2-DICHLOROPROPANE	<5	ug/L							3		
1,3-DICHLORO-PROPYLENE	<5	ug/L							3		
ETHYLBENZENE	<5	ug/L							3		
METHYL BROMIDE	<5	ug/L							3		
METHYL CHLORIDE	<1	ug/L							3		
METHYLENE CHLORIDE	<5	ug/L							3		
1,1,2,2-TETRACHLORO-ETHANE	<5	ug/L							3		
TETRACHLORO-ETHYLENE	<5	ug/L							3		
TOLUENE	<5	ug/L							3		

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POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	<1	ug/L							3		
1,1,2-TRICHLOROETHANE	<5	ug/L							3		
TRICHLORETHYLENE	<5	ug/L							3		
VINYL CHLORIDE	<5	ug/L							3		
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL	<10.6	ug/L							3		
2-CHLOROPHENOL	<10.3	ug/L							3		
2,4-DICHLOROPHENOL	<10.3	ug/L							3		
2,4-DIMETHYLPHENOL	<10.3	ug/L							3		
4,6-DINITRO-O-CRESOL	<10.6	ug/L							3		
2,4-DINITROPHENOL	<10.3	ug/L							3		
2-NITROPHENOL	<10.6	ug/L							3		
4-NITROPHENOL	<10.6	ug/L							3		
PENTACHLOROPHENOL	<10.3	ug/L							3		
PHENOL	<10.3	ug/L							3		
2,4,6-TRICHLOROPHENOL	<10.3	ug/L							3		
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE	<10.3	ug/L							3		
ACENAPHTHYLENE	<10.6	ug/L							3		
ANTHRACENE	<10.3	ug/L							3		
BENZIDINE	<10.3	ug/L							3		
BENZO(A)ANTHRACENE	<5	ug/L							3		
BENZO(A)PYRENE	<5	ug/L							3		

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POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	<10.6	ug/L							3		
BENZO(GHI)PERYLENE	<10.6	ug/L							3		
BENZO(K)FLUORANTHENE	<5	ug/L							3		
BIS (2-CHLOROETHOXY) METHANE	<10.6	ug/L							3		
BIS (2-CHLOROETHYL)-ETHER	<10.3	ug/L							3		
BIS (2-CHLOROISO-PROPYL) ETHER	<10.3	ug/L							3		
BIS (2-ETHYLHEXYL) PHTHALATE	<10.3	ug/L							3		
4-BROMOPHENYL PHENYL ETHER	<10.6	ug/L							3		
BUTYL BENZYL PHTHALATE	<10.3	ug/L							3		
2-CHLORONAPHTHALENE	<10.3	ug/L							3		
4-CHLORPHENYL PHENYL ETHER	<10.6	ug/L							3		
CHRYSENE	<5	ug/L							3		
DI-N-BUTYL PHTHALATE	<10.6	ug/L							3		
DI-N-OCTYL PHTHALATE	<10.6	ug/L							3		
DIBENZO(A,H) ANTHRACENE	<10.3	ug/L							3		
1,2-DICHLOROBENZENE	<10.3	ug/L							3		
1,3-DICHLOROBENZENE	<10.3	ug/L							3		
1,4-DICHLOROBENZENE	<10.3	ug/L							3		
3,3-DICHLOROBENZIDINE	<10.3	ug/L							3		
DIETHYL PHTHALATE	<10.3	ug/L							3		
DIMETHYL PHTHALATE	<10.3	ug/L							3		
2,4-DINITROTOLUENE	<10.3	ug/L							3		
2,6-DINITROTOLUENE	<10.6	ug/L							3		
1,2-DIPHENYLHYDRAZINE	<10.3	ug/L							3		

FACILITY NAME AND PERMIT NUMBER:
Waynesboro STP VA0025151

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Outfall number: 002 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	<10.3	ug/L							3		
FLUORENE	<10.3	ug/L							3		
HEXACHLOROBENZENE	<10.3	ug/L							3		
HEXACHLOROBUTADIENE	<10.3	ug/L							3		
HEXACHLOROCYCLO-PENTADIENE	<10.3	ug/L							3		
HEXACHLOROETHANE	<10.3	ug/L							3		
INDENO(1,2,3-CD)PYRENE	<10.3	ug/L							3		
ISOPHORONE	<10.3	ug/L							3		
NAPHTHALENE	<10.6	ug/L							3		
NITROBENZENE	<10.3	ug/L							3		
N-NITROSODI-N-PROPYLAMINE	<10.3	ug/L							3		
N-NITROSODI- METHYLAMINE	<10.3	ug/L							3		
N-NITROSODI-PHENYLAMINE	<10.3	ug/L							3		
PHENANTHRENE	<10.6	ug/L							3		
PYRENE	<10.3	ug/L							3		
1,2,4-TRICHLOROBENZENE	<10.3	ug/L							3		
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
Waynesboro STP VA0025151

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

✓ chronic ✓ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:_____	Test number:_____	Test number:_____
a. Test information.			
Test species & test method number	submitted		
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

	Test number:_____	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes ✓ No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 1

b. Number of CIUs. 3

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Industrial Machine Works

Mailing Address: 444 North Bayard Avenue
Waynesboro, VA 22980

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Industrial Plating Operations and Metal Fabrication (Only discharge non-contact cooling water)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Chromium Plating

Raw material(s): Steel, Iron and other metals are plated.

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2000 gpd (___ continuous or ✓ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

360 gpd (___ continuous or ✓ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 413.14 Job Shop Electroplating

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✓ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 1

b. Number of CIUs. 3

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Neuman Aluminum Impact Extrusion, Inc.

Mailing Address: 1418 Genicom Drive
Waynesboro, VA 22980

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Aluminum Impact Manufacturing Company

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Aluminum Forming and Cleaning

Raw material(s): Aluminum Discs (Slugs)

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

9288 gpd (___ continuous or ✓ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1800 gpd (___ continuous or ✓ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

If subject to categorical pretreatment standards, which category and subcategory?

Aluminum Forming, 40 CFR 467.36, Subpart C Extrusion

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

___Yes ✓ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ___Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

___Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

___Yes ___No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

___Continuous ___Intermittent If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 1

b. Number of CIUs. 3

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Polymer Groups, Inc.

Mailing Address: 1020 Shenandoah Village Drive
Waynesboro, VA 22980

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Non-Woven Fabrics Production

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Non-woven Fabrics

Raw material(s): Polypropylene

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

17090 gpd (✓ continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

3750 gpd (✓ continuous or ___ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

___Yes ✓ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ___Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

___Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

___Yes ___No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

___Continuous ___Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 1

b. Number of CIUs. 3

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Virginia Panel Corporation

Mailing Address: 1400 New Hope Road
Waynesboro, VA 22980

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Metal Finishing, Electroplating, Anodizing, Plating

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Metal Finishing of electronic test equipment.

Raw material(s): Machine parts made of steel and aluminum.

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

13000 gpd (✓ continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2520 gpd (✓ continuous or ___ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

If subject to categorical pretreatment standards, which category and subcategory?

Metal Finishing, 40 CFR Part 433.15

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✓ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number _____

b. Location

_____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

____Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

3.1 Facility Description

The Waynesboro WWTP is designed for an average annual wastewater flow of 6 million gallons per day (mgd) and a peak flow of 18 mgd. **FIGURE 3-1** presents the liquids treatment process flow diagram and **FIGURE 3-2** presents the solids treatment process flow diagram.

The Waynesboro WWTP has been upgraded to incorporate Biological Nutrient Removal (BNR) technologies for total nitrogen and total phosphorus removal. The Waynesboro WWTP is permitted for a calendar year average concentration level of 3.0 mg/L for total nitrogen and a calendar year average concentration level of 0.30 mg/L for total phosphorus.

Influent wastewater flow to the plant is received through two 30-inch diameter pipes. The pipes are connected to an Influent Pump Station located upstream of a Preliminary Treatment Facility. Water is conveyed from the Influent Pump Station towards the Preliminary treatment facility via a 24" plant forcemain. A 16" raw sewage forcemain feeds into the plant forcemain just upstream of the Preliminary Treatment Facility. The plant forcemain increases in diameter from 24-inches to 30-inches at this location.

Operation of the Waynesboro WWTP is divided into five treatment facilities as follows:

- ✓ Preliminary Treatment Facilities
- ✓ Biological Treatment Facilities
- ✓ Advanced Treatment Facilities
- ✓ Solids Handling Facilities
- ✓ Chemical Storage and Feed Facilities

Preliminary Treatment Facilities

- Influent Pumping Stations
- Screenings Removal
- Grit Removal
- Influent Flow Measurement

After arrival at the Preliminary Treatment Facility, wastewater is discharged from the 30" forcemain into an influent riser box/distribution structure. From here, flow is divided into two separate concrete channels 3-feet wide. Each Channel contains a 9.0 mgd mechanical screen capable of removing rags, sticks, and other debris contained in the influent wastewater so that these materials will not accumulate in the system and interfere with the operation of downstream equipment and processes.

The two mechanical center-flow fine screens remove rags, sticks, and other debris contained in the influent wastewater so that these materials will not accumulate and interfere with the operation of downstream equipment and process systems. The maximum flow rate for both fine screens is 18 mgd and the screens are also equipped with a combined screenings collector and screw compactor. The screened wastewater then flows by gravity to the grit removal tank.

Three Parshall flumes are located upstream of the grit removal tanks at the end of each screening channel to provide influent flow measurement for the plant. After flow measurement, wastewater flows by gravity to the grit chambers.

Grit removal is the induced vortex type and equipped with two grit slurry pumps. Grit removed from the process stream is pumped to the grit conveyor with screw classifier for dewatering and disposal. The screenings and grit is collected in dumpsters and disposed of in the sanitary landfill. The wastewater then flows by gravity to the splitter box through two channels.

Biological Treatment Facilities

- BNR Tanks
- Clarifiers
- RAS/WAS Pump Stations

The biological treatment facilities consist of a flow splitter box, two BNR tanks, two clarifiers, and return activated sludge and waste activated pumping stations. The BNR tanks are designed to provide distinct environments for the growth and removal of nitrogen, phosphorus, BOD, and bacterial growth within zones providing two oxygen rich (aerobic) zones, one no oxygen (anaerobic) zone, and two oxygen limited (anoxic) zones. The anoxic zone provides an environment for specialized bacteria to reduce nitrogen levels in the wastewater. Oxygen to the aerobic zones is provided by positive displacement rotary-lobe blowers. Fine bubble diffusers located throughout the bottom of the aerobic zones of each tank disperse the air in a uniform pattern for maximum oxygen transfer efficiency. Submersible window pumps for each BNR tank conveys nitrified recycle (NRCY) flow from the end of the aerobic zone to the anoxic zone inside each tank. Completely mixed treated wastewater overflows the BNR tanks effluent weirs and flows by gravity to the clarifiers via the splitter box.

The clarifiers provide sufficient detention time to allow most of the remaining solids to settle to the bottom and scum to be collected on the surface of the tanks. These solids (sludge) may be returned to the BNR tanks or wasted. Wastewater overflows the effluent weirs of the clarifiers and is gravity fed to the Denitrification Filters. The scum is collected and pumped to the anaerobic digesters for treatment.

Advanced Treatment Facilities

- Denitrification Filters
- Ultraviolet (UV) Disinfection
- Backwash Storage and Non-Potable Water

Denitrification filters are provided downstream of clarifiers for additional suspended solids removal. The six denitrification filters also have the capability of providing supplemental or backup nitrogen removal by denitrification. This is accomplished by the addition of c arbon in the filter influent channel as a food source for denitrifying bacteria, which are allowed to grow within the filter media. The filters can also be operated as conventional filters, without methanol addition, for suspended solids removal only. The filters are mono-media, deep bed filters, with a design hydraulic loading rate of 2 gpm/ft.^{2}.

Effluent from the denitrification filters flows by gravity to the ultraviolet (UV) disinfection facilities. The ultraviolet disinfection facilities consist of UV lamps suspended in three channels, with one lamp bank of 48 lamps per channel. The UV lamps are designed to provide adequate disinfection at the peak design flow of 18 mgd.

Solids Handling Facilities

- Thickening with Gravity Belt Thickeners (GBT's)
- Anaerobic Digesters
- Solids Dewatering with Belt Filter Presses (BFP's)

Solids treatment facilities are provided for thickening, stabilizing, and dewatering of the waste activated sludge from the secondary clarifiers. Settled sludge, or underflow, from each clarifier is directed to a return activated sludge (RAS) pump station. A valve in the return activated sludge line permits all of the RAS to be returned to the splitter box or allow a portion of the RAS to be wasted from the system. Both the total RAS and WAS flow rates are metered. WAS is directed to the gravity belt thickeners and anaerobic digesters and RAS is returned to the splitter box.

The waste activated sludge is thickened using gravity belt thickeners and digested to stabilize the organic matter for ultimate disposal. The two stage anaerobic digestion process stabilizes the sludge and produces methane, which is burned and used to heat

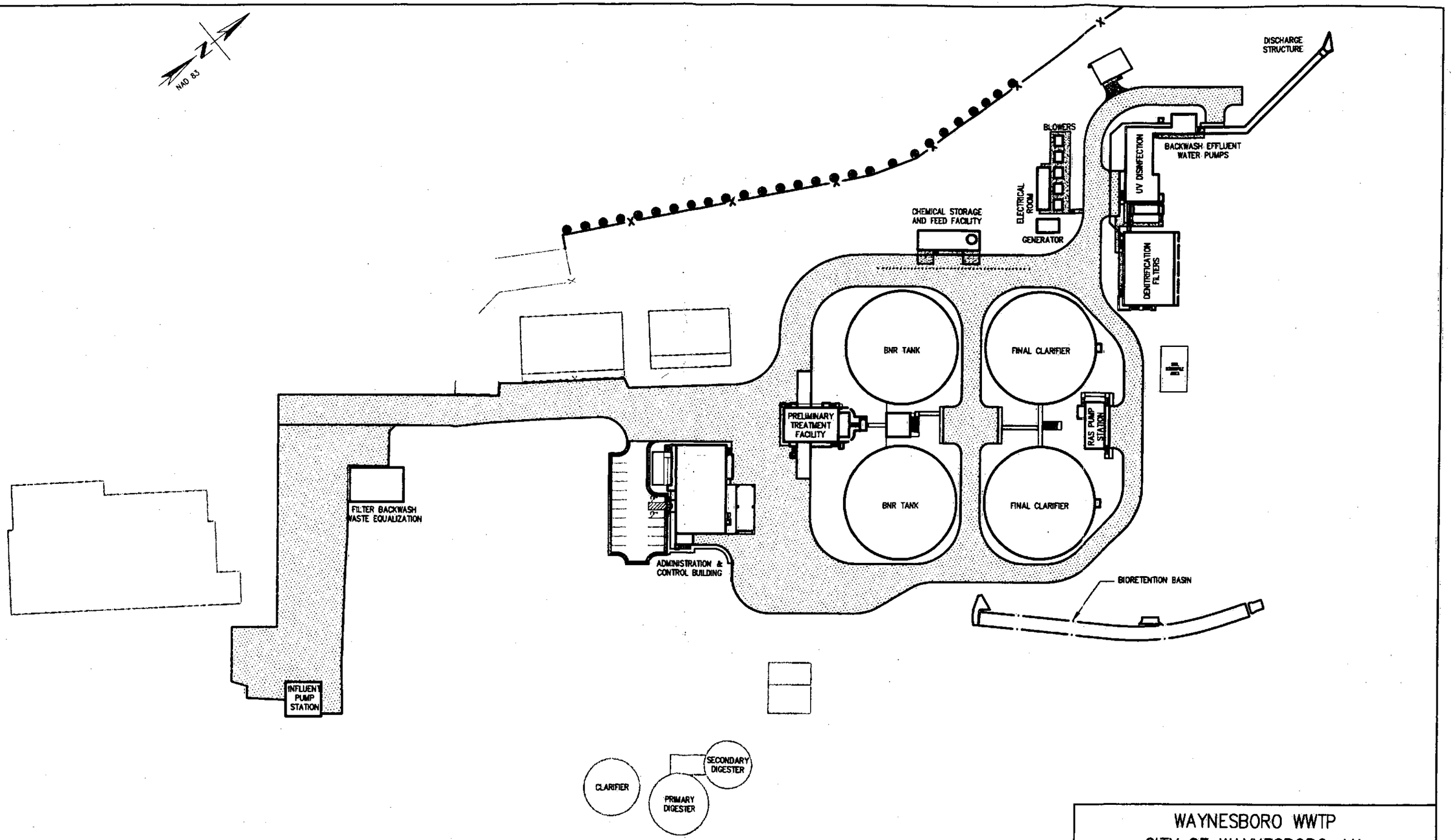
the digester to mesophilic temperatures. The hydraulic detention time or mean cell residence time is generally on the order of 20 to 40 days to ensure a good degree of digestion (i.e., reduction of volatile suspended solids by about 50 percent). Settled digested sludge from the secondary digester with a solids concentration of approximately 4 to 6 percent can be conveyed in trucks for disposal by land application or further dewatered using gravity belt thickeners to produce a dewatered cake (biosolids) for disposal in landfills. Dewatered cake from the belt thickener has a solids concentration of approximately 25 to 30 percent. Both settled and dewatered digested sludge are considered Class "B" sludge for disposal purposes.

Chemical Storage and Feed Facilities

- Alum Storage and Feed
- Supplemental Carbon Storage and Feed

An alum (aluminum sulfate, $Al_2(SO_4)_3$ storage and feed system is provided to assist in meeting the plant's phosphorus permit limits. Alum as a coagulant reacts with calcium bicarbonate in the wastewater to form insoluble aluminum hydroxide. The phosphates in wastewater bind chemically to the added alum or the insoluble aluminum hydroxides formed and co-precipitate out of the wastewater in the clarifiers. The precipitate formed is a gelatinous floc that settles slowly through the wastewater combining with other suspended matter as it settles. Alum is primarily added in the splitter box ahead of the clarifiers.

A supplemental carbon source is stored on site and can be provided to the denitrifying bacteria to ensure sufficient quantity of carbon to perform the conversion of nitrate to nitrogen gas. Carbon is added to the BNR tanks (Zone 4) and the Denitrification Filters.



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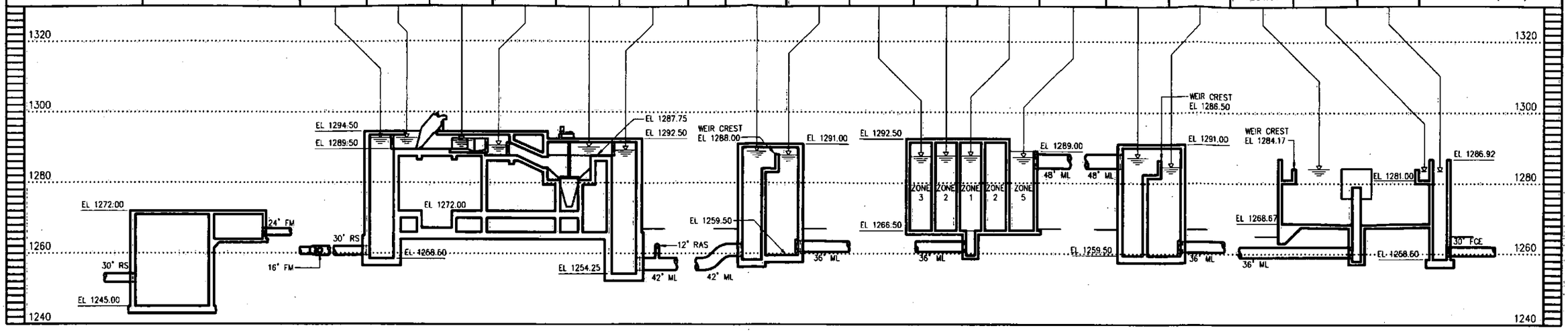
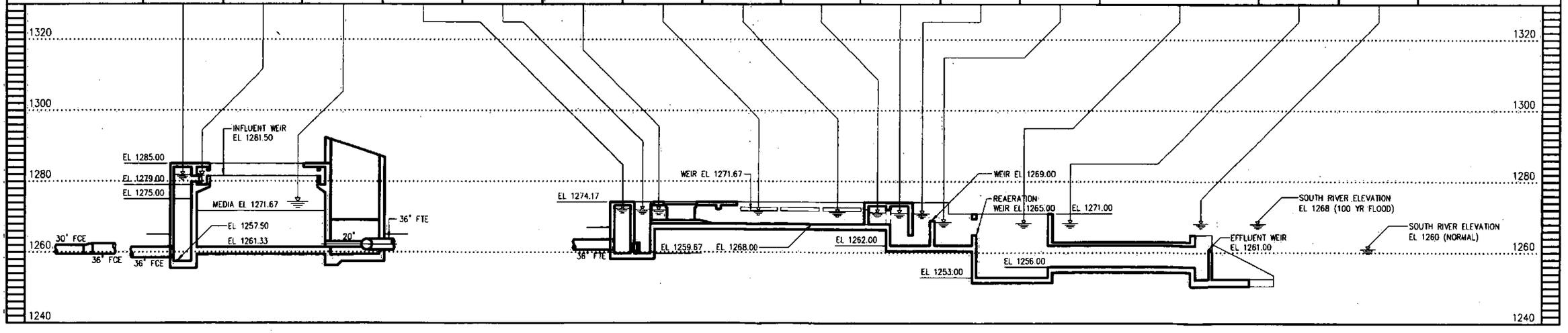
SITE PLAN

FIGURE 1-1

CONDITION	INFLUENT PUMP STATION	PRELIMINARY TREATMENT FACILITIES						BNR TANK – FINAL CLARIFIER SPLITTER BOX		BNR TANKS (2)				BNR TANK – FINAL CLARIFIER SPLITTER BOX		FINAL CLARIFIER (2)			CONDITION
6 MGD (MAX MONTH)	HIGH WATER ALARM=1251.2	1291.28	1291.26	1290.68	1289.10	1288.92	1288.66	1288.55	1287.23	1287.06	1287.17	1287.17	1286.95	1286.93	1284.19	1284.02	1281.83	1281.68	6 MGD (MAX MONTH)
18 MGD (PEAK)	LOW LEVEL (PUMPS OFF)=1248.0	1292.65	1292.60	1291.93	1290.61	1290.13	1289.34	1288.87	1287.86	1287.53	1287.65	1287.66	1287.27	1287.19	1284.62	1284.07	1283.67	1283.58	18 MGD (PEAK)



CONDITION	NEW DENITRIFICATION FILTERS (6)			UV FACILITY (3)							EFFLUENT FLOW MEASUREMENT WEIR		BACKWASH AND EFFLUENT WATER PUMPS	EFFLUENT CHANNEL AND DISCHARGE STRUCTURE		CONDITION
6 MGD (MAX MONTH)	1281.57	1281.55	1273.02	1272.31	1272.02	1271.85	1271.79	1270.10	1270.02	1269.97	1269.97	1265.97	1261.68	1261.68	1261.68	6 MGD (MAX MONTH)
18 MGD (PEAK)	1281.79	1281.62	1274.16	1272.31	1272.02	1271.85	1271.79	1271.33	1271.30	1271.14	1271.00	1268.56	1268.27	1268.27	1268.25	18 MGD (PEAK)



PROCESS PIPE DESIGNATIONS

A	AIR	ML	MIXED LIQUOR	SPW	SPARGE WATER
ADS	ANAEROBICALLY DIGESTED SLUDGE	NPW	NON-POTABLE WATER	SS	SANITARY SEWER
AL	ALUM	NRCY	NITRIFIED RECYCLE FLOW	SW	SEAL WATER
BWD	BACKWASH DRAIN	PD	PROCESS DRAIN	TS	THICKENED SLUDGE
BWS	BACKWASH SUPPLY	PE	PRIMARY EFFLUENT	TWAS	THICKENED WASTE ACTIVATED SLUDGE
CLS	CHLORINE SOLUTION	POL	POLYMER	UW	UTILITY WATER
D	DRAIN	PS	PRIMARY SLUDGE	V	VENT
FBP	FILTER BYPASS	PW	POTABLE WATER	WAS	WASTE ACTIVATED SLUDGE
FCE	FINAL CLARIFIER EFFLUENT	RAS	RETURN ACTIVATED SLUDGE		
FI	FILTER INFLUENT	RS	RAW SEWAGE		
FM	FORCE MAIN	S	SAMPLE		
FTE	FILTERED TERTIARY EFFLUENT	SC	SCUM		
ME	METHANOL	SPD	SUMP PUMP DISCHARGE		

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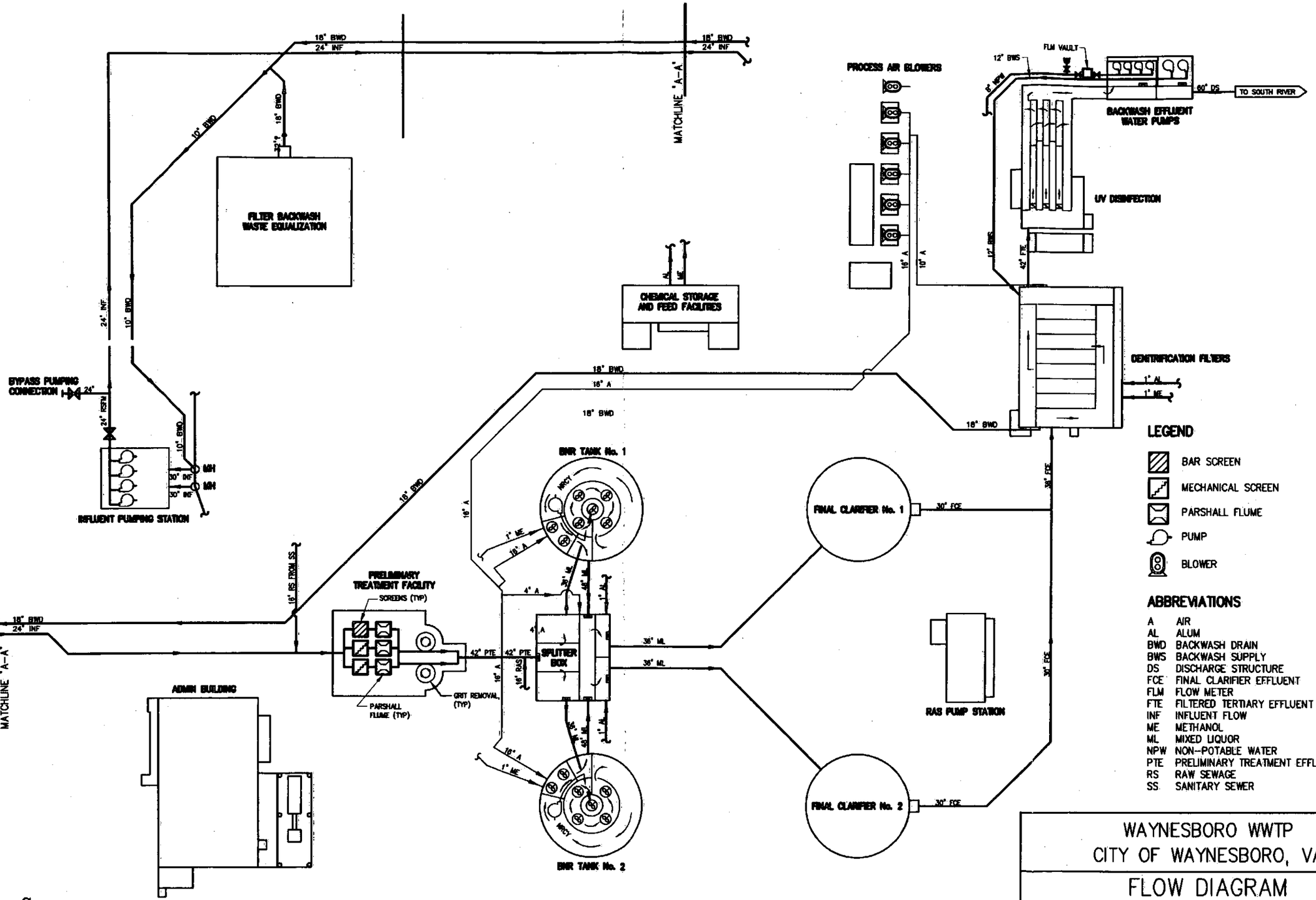
HYDRAULIC PROFILE
FIGURE 1-2



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FLOW DIAGRAM
LIQUID PROCESS
FIGURE 3-1

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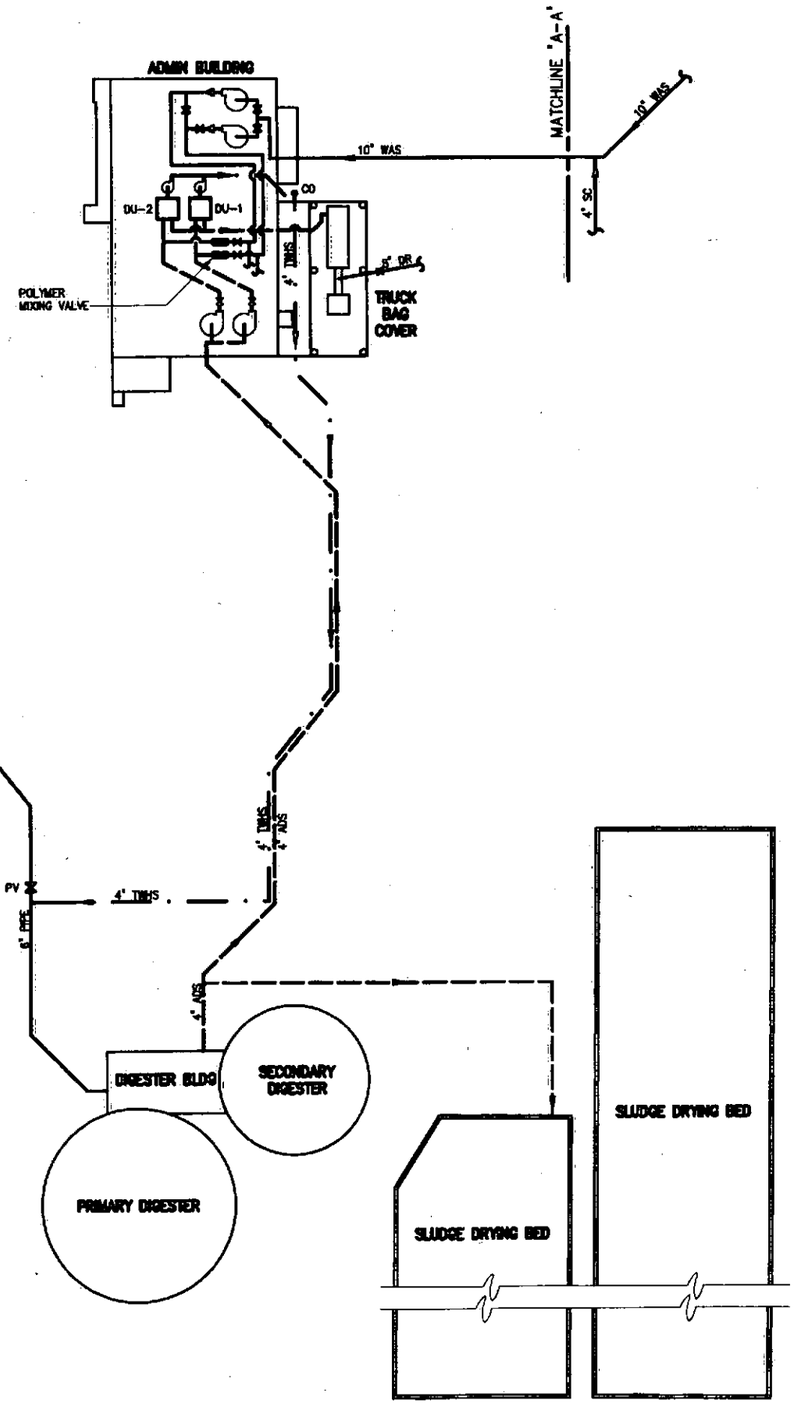

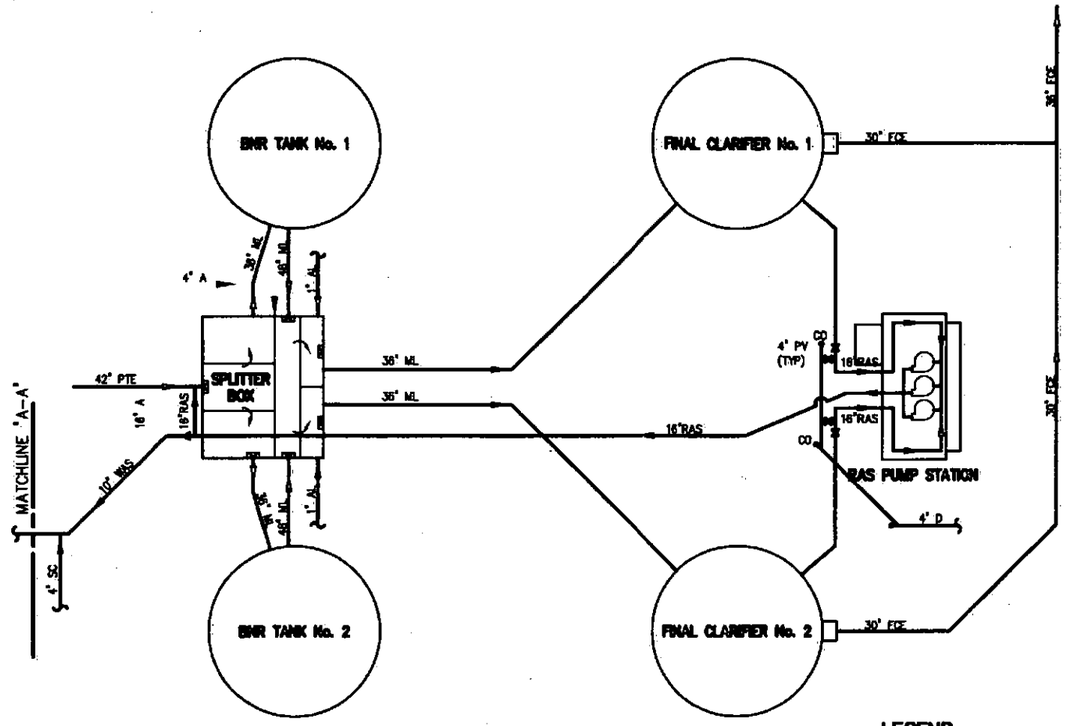

LEGEND

PUMP

ABBREVIATIONS

A	AIR
AL	ALUM
BWD	BACKWASH DRAIN
BWS	BACKWASH SUPPLY
DS	DISCHARGE STRUCTURE
FCE	FINAL CLARIFIER EFFLUENT
FLM	FLOW METER
FTE	FILTERED TERTIARY EFFLUENT
INF	INFLUENT FLOW
ME	METHANOL
ML	MIXED LIQUOR
NPW	NON-POTABLE WATER
PTE	PRELIMINARY TREATMENT EFFLUENT
RS	RAW SEWAGE
SS	SANITARY SEWER

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CITY OF WAYNESBORO, VA

FLOW DIAGRAM SOLIDS PROCESS FIGURE 3-2

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FAIRFAX AVE

2"Galvanized

2"Galvanized

Vector Industries SWMB

ESSEX AVE

6"Ductile Iron

6"Ductile Iron

6"Ductile Iron

Backwash Filter

Biologic Contactor NO 2

DEWATERING

Tertiary Pumps

Primary Clarifier NO 1

Trickling Filter NO 1

Labratory

Trickling Filter NO 2

Old Plant Outfall

Inffluent Pump Station

Primary Clarifier NO 2

Storage

Primary Clarifier NO 3

Digester NO 2

Digester NO 1

Dewatering

Sludge Drying Bed NO 1

Sludge Drying Bed NO 2

Blower 001

Blower 002

Blower 003

Blower 004

Blower 005

Generator

Chemical

Denitrification Filters

UV Disinfection

FINAL EFFLUENT

Backwash Effluent Water Pumps

BNR TANK NO 1

Final Clarifier NO 1

Preliminary Treatment

Splitter

RAS/Pump Station

BNR TANK NO 2

Final Clarifier NO 2

WWTP SWBF

1 inch = 100 feet

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